

## **Data Consortium Meeting Summary 08-03-09**

The Kansas Health Policy Authority (KHPA) hosted the third 2009 (ninth overall) meeting of the Data Consortium on Monday, August 3<sup>rd</sup> at the Landon State Office Building in Topeka. 34 persons attended, representing 19 agencies, organizations and businesses.

### **Kansas Health Indicators Document**

Dr. Hareesh Mavoori highlighted updates that have been made to the document since the last meeting.

- County-level geo-maps and data tables added to five indicators;
- More detailed breakdowns added for health professional workforce indicators;
- More recent data added to six indicators;
- Started collecting indicator-level usage statistics. This will be useful for dynamic user-driven content management – e.g., prioritizing indicators based on level of user interest.

### **State Level Data Initiatives**

#### **- Kansas Healthcare Collaborative**

Jerry Slaughter (Kansas Medical Society) described a joint effort by KMS and the Kansas Hospital Association to address issues of quality of care in the state. Other members of the steering committee present were Kendra Tinsley, Deborah Stern, and Allison Peterson.

This provider-led initiative began about 2 years ago as KMS and KHA saw the need for the provider community to be actively involved in improving quality of care and safety for patients. They acknowledge efforts already made in this area by KFMC, KDHE, KHPA and other entities and hope to expand the committee to include representatives of these groups and other stakeholders.

KMS and KHA have made an initial 3-year financial commitment; the Kansas Health Foundation and the Sunflower Foundation have provided additional support. The group has chosen an Iowa initiative as a model, based on the many demographic similarities between the two states. The committee is intent on taking advantage of work that has already been done, rather than “reinventing the wheel.”

The Collaborative will be introduced to constituents at a one-day conference on quality, to be held on October 16<sup>th</sup>.

#### **- Public Reporting Principles**

Andrea Bozarth (American Association of Retired Persons) presented principles for reporting to providers and to the public which were developed by Ambulatory Care Quality Alliance (AQA). Consumer education will help drive the move to increase quality of care. She emphasized the need to consider older members of the audience when creating/publishing reports. Key points were:

- Limited access to computers – make printed reports available (e.g. placed at providers’ locations) to better reach these consumers;
- Explanations should accompany statistics – many consumers do not understand/trust statistics;
- Consider limited visibility – easiest-to-read format is black text on yellow background, Times New Roman font, 12 pt. or larger;
- Average reading comprehension level is 7<sup>th</sup>- 9<sup>th</sup> grade...to assure consumer understanding, write at 6<sup>th</sup> grade level or below (consider ESL needs, as well).
- The more information offered to consumers, the better they are able to make choices which will drive the move toward increased quality of care.

Dr. Allison noted that the Kansas Health Indicators on the KHPA website target providers and lawmakers; Kansas Health Online, however, is more consumer-oriented. Keeping the audience in mind, as use of these sites increases and changes, will be important.

### **KHPA Staff Updates**

To meet budget reductions, KHPA has reduced staff and refocused priorities. Every possible effort has been made to protect the data operation from reductions, but there will be some impact on processing of Licensure or Inpatient Hospital Data.

## **Data Analytic Interface (DAI) Update**

Status update was given.

- System integration tests successfully completed (3 months of St. Employee Health and Medicaid data);
- Training being provided this week in preparation for system testing;
- User acceptance testing scheduled for Aug. 17-28 (using 3 years data).

## **Kansas Health Insurance Information System (KHIIS)**

Dr. Mavoori presented an update on the KHIIS, the system including private insurance data from the state's major carriers, which is managed by KHPA on behalf of the Kansas Insurance Department. Carriers have begun submitting data in version 4 format, an upgrade which will improve accuracy of data. Development of new reports is ongoing. A sampling was presented which showed, in graphs and tables, 2007 prescription drug claim data from KHIIS, Medicaid and State Employee Health systems. Following suggestions made at the last Data Consortium meeting, the order of drug groups was displayed consistently between reports and data was combined in graphs to offer easier comparisons of the 3 payers. (The DAI will make this process much less cumbersome.)

Discussion points:

- Comparing drug groups has inherent shortcomings due to differences in coding and grouping of services, issues related to handling of drug rebates (may reduce co-pay for some groups but premiums for others), etc.
- How will this data be used to improve quality of care and/or to help focus efforts in the areas that will have the greatest impact?
- Data needs to be presented in a context that shows not only "what is," but "what should be." (How do we rank against other states?)
- The graphs illustrate the difference between the populations of the 3 groups, especially related to Central Nervous System (mental health) drugs.
- The Medicaid data in the current reports excludes managed care population. Encounter data for this population will be added in the near future, which will make more complete reports possible.

Dr. Allison invited suggestions for the types of KHIIS reports members would find useful. Members were encouraged to submit other recommendations to Dr. Mavoori.

## **Health Professions Workforce Data Collection**

Robert Stiles (KDHE) presented an overview of data that is currently collected from licensed health professionals in the state, the important uses of the data, and the shortfalls in the current collection system. The information is needed to assess healthcare provider shortage areas, to obtain funding to increase services to such areas, to focus recruitment efforts, and to facilitate other planning.

Currently, individual professional boards collect the information from practitioners, with varying levels of detail, survey return rates (ranging from 26.1% - 97.3%), and enforcement policies. Essential questions are not always included, or may fall under the "optional" section of surveys. This leaves large gaps to be filled by KDHE staff, at great cost and difficulty.

Standardization of data collection across boards, expansion of the surveys to collect critical information, and education of providers about the uses and benefits of this information were listed among the key changes that are needed.

Recognizing not only current data needs, but the anticipated increase as Health Care Reform moves forward, a Data Consortium workgroup is being formed to examine licensure data, assess that data and bring back to the group recommendations for improving the data quality and for meeting the state's needs for workforce planning. Members were encouraged to sign-up for the workgroup after the meeting, or by contacting LaVerta Greve at KHPA.

Suggestions for the group:

- Learn what other states are doing;
- Keep in mind issues that may distort statistics, such as providers that keep licenses active, but do not actually practice, part-time practitioners (as little as 1 day/month), those who practice in more than one state, etc.

Next Meeting: October 6<sup>th</sup>, 2009; 1:00 pm – 4:00 pm; Landon State Office Building, Topeka